

Form **990EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-1150
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
NAPA SUNRISE ROTARY CLUB
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
P O BOX 5324
City or town, state or province, country, and ZIP or foreign postal code
NAPA, CA 94581

D Employer identification number
68-0245806
E Telephone number
F Group Exemption Number

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) **H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **J** Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 182,357

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	165,552
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less: direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	16,805
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	182,357
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	176,685
	17	Total expenses. Add lines 10 through 16	17	176,685
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,672
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	59,316
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-12,541
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	52,447

Check if the organization used Schedule O to respond to any question in this Part II ☒

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

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		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI

Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ► ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2020-04-03 Date		
	DOUG ROBERTS TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions ► ☐ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 68-0245806
Name: NAPA SUNRISE ROTARY CLUB

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 COMMUNITY SERVICE DONATIONS ARE GIVEN TO LOCAL ORGANIZATIONS SUCH AS SCHOOLS THE TABLE MEALS AND SPONSORING NAPAS 4TH OF JULY PARADE (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	8,683

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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29 INTERNATIONAL SERVICE ARE DONATIONS TO ROTARY INTERNATIONAL PAUL HARRIS FOUNDATION FOR INTERNATIONAL PROJECTS APPROVED BY ROTARY INTERNATIONAL AND MEMBERS OF THIS CLUB (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a 21,850

Form 990EZ, Part III - Statement of Program Service Accomplishments	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
30 VOCATIONAL SERVICE INCLUDE ACADEMIC SCHOLARSHIPS AND YOUTH PROGRAMS TO GUIDE YOUTHS IN OCCUPATIONAL CHOICES AND EDUCATION (Grants \$) If this amount includes foreign grants, check here . . . ☐	30a 5,409

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
NAPA SUNRISE ROTARY CLUB

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

68-0245806

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other revenue Part I line 8	Description AmountGOLF BALL DROP 6,570PARADE ENTRY RECEIPTS 10,235

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	Description Amount STUDENT SCHOLARSHIPS 4,559BANK FEES 5,688PARADE EXPENSES 5,888COMMUNITY DONATIONS 8,073DISTRICT ANNUAL DUES 5,225DISTRICT ASSEMBLY 3,278WAITSTAFF GRATUITIES 1,500 INTERACT & ROTORACT 500MEALS 87,401MISC/GENERAL EXPENSES 3,475ROTARY FOUNDATION 13,834BAD DEBTS 5,520POLIO PLUS TO RI 3,305PRESIDENT KICKOUT EXPENSE 8,936PETS TRAINING 695ROTARY IN TL DUES 8,016SOCIALS EXPENSE 4,747SUPPLIES 1,116DISTRICT GOVERNOR VISIT 429AUDIO VISUAL MT G EXP 4,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other changes in net assets or fund balances Part I line 20	Description AmountPRIOR PERIOD RECONCILING ADJ (12,541)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other assets Part II line 24	Category Beginning of Year End of Year MEMBER ACCOUNTS RECEIVABLE 84,902 76,523 PREPAID EXPENSES 6,112 4,841

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of total liabilities Part II line 26	Category Beginning of Year End of Year SILVERADO MEALS 4,476 5,651 DEFERRED REVENUE PARADE 8 ,535 3,550 DEFERRED REVENUE 24,180 32,710 MISCELLANEOUS 7,525 0 ENDOWMENT PAYABLE 2,650 439